



Continuing Education Committee

Individual Request for Continuing Education Funding

Name: _____ Phone: _____

Address: _____

Email Address: _____ Year of Ordination/Consecration: _____

Present Conference Relationship: _____

Educational Activity for which funding is requested: _____

Date and Place of Continuing Education Event: _____

What are the C.E. Units of Credit? _____

How does this activity relate to your present appointment responsibilities? _____

Please indicate with whom you have discussed this Education Event as to how it relates to your responsibilities at your present appointment: _____

To whom will you report the successful completion of this activity? _____

Cost of Event:

Registration Lodging and Meals: _____ Written Materials: _____ Lodging and Meals: _____

*Travel Costs: _____)

Amount Requested from Conference C.E. Fund: _____ (maximum \$500)

Amount Requested from the Advanced Degree Fund: _____ (\$1000 semester / \$5000 lifetime maximum)

Last date funds requested from CBOMCEF: _____ Amount: _____

Are you receiving funding for this event from your present appointment? _____

If yes, what amount? _____

How much funding does your present appointment provide for C.E.? _____

What portion has been used in the current year? _____

Was your base salary increased in place of C.E. funding? _____

❖ Please return completed form to: Rev. Dale Min, UMC at Milltown, 47 N Main St., NJ 08850 or email pastordaeil@gmail.com

❖ NOTE: Requests for Local Pastors Licensing School or the Course of Study should be requested from the Local Pastors' Registrar (Rev. Douglas Goldsborough).